

VOLUNTEER APPLICATION FOR A GROUP

School/Organization: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cellular) _____

Email: _____

The best way to contact you is: _____

Volunteer Information

How many volunteers do you expect to participate? _____

Number of Adults? _____ Number of children? _____ Ages of children? _____

Please note, all children under age 16 must be accompanied by adult supervision provided by your organization.

What date(s) would you like to volunteer? _____

Is there a particular type of volunteer work or program activity in which your group is interested?

- ☐ Adopt an area for Project Blitz
- ☐ Friends of Lake Louie to help care for this garden at highway 40 & 20th Street/Chestnut exit
- ☐ Downtown Planting around City Hall
- ☐ Highway Daffodil Planting
- ☐ Greenhouse Planting Projects (____ Seeding ____ Window Boxes ____ Hanging Baskets)
- ☐ Other, Please specify your interest _____
If other, what dates and hours do you wish to work? _____

Are you looking to work on a particular date or dates? If so, please specify _____

Are you looking for a one-time project or an on-going volunteer activity? _____

At what times are you interested in volunteering?

- ☐ Weekdays [] Mornings [] Midday [] Afternoons
- ☐ Weekends [] Saturday [] Sunday
- ☐ Flexible

Do you have a certain number of hours you wish to work? _____

Describe the particular area you want to work in. Be as specific as possible with regard to address, street, corner, alley, etc.

Mail this form to Operation Brightside, 4646 Shenandoah Avenue, St. Louis, MO 63110 or fax to 772-7444
or e-mail to operation.brightside@gmail.com